

## Request for Payment

### Incentive Period: 7/1/2007 to 6/30/2008

The filing period for MRZ payment requests is **October 1, 2008 through June 1, 2009** following the June 30 end of Incentive Period.

|                                   |                               |
|-----------------------------------|-------------------------------|
| <b>Incentive Period:</b>          | July 1, 2007 to June 30, 2008 |
| <b>Eligible Business Name:</b>    |                               |
| <b>Eligible Business Address:</b> |                               |
| <b>City, State, ZIP:</b>          |                               |

Check all that apply

|              |  |   |                 |
|--------------|--|---|-----------------|
| <b>Box 1</b> | <input type="checkbox"/> <b>Business License Refund</b><br><br>Amount Requested:<br>\$ _____                       | Please provide the following documentation:<br><br><input type="checkbox"/> <b>Copy of invoice or billing statement</b><br><input type="checkbox"/> <b>Proof of payment</b><br>Accepted documents include:<br><input checked="" type="checkbox"/> Receipt(s)<br><input checked="" type="checkbox"/> Canceled check(s) – front & back  | Office Use Only |
| <b>Box 2</b> | <input type="checkbox"/> <b>Hiring Credits for Qualified Employees</b><br><br>Amount Requested: \$ _____           | Please provide the following documentation:<br><br><input type="checkbox"/> <b>MRZ Hiring Voucher for each qualified employee</b><br><input type="checkbox"/> <b>Proof of residence within the MRZ</b><br>Accepted documents include:<br><input checked="" type="checkbox"/> I-9<br><input checked="" type="checkbox"/> W-4<br><input checked="" type="checkbox"/> Current driver's license<br><input checked="" type="checkbox"/> Utility bill<br><br><input type="checkbox"/> <b>Proof of wages</b><br>Accepted documents include:<br><input checked="" type="checkbox"/> Payroll records | Office Use Only |
| <b>Box 3</b> | <input type="checkbox"/> <b>Building Permit and Development Entitlement Fees</b><br><br>Amount Requested: \$ _____ | Please provide the following documentation:<br><br><input type="checkbox"/> <b>Copy of invoice or billing statement</b><br><input type="checkbox"/> <b>Proof of payment</b><br>Accepted documents include:<br><input checked="" type="checkbox"/> Receipt(s)<br><input checked="" type="checkbox"/> Canceled check(s) – front & back  | Office Use Only |

**Sales Tax/Property Tax Payment Form**

|       |   |                 |
|-------|---|-----------------|
| Box 4 | <input type="checkbox"/> <b>Sales and Use Tax</b><br><br>Please provide the following information and documentation:<br><br><input type="checkbox"/> Proof of new or increased sales and use tax attributable to sales from new business – <b>please provide copies of Sales Tax Certificate(s) –</b><br><br>Sales subject to sales tax (06-07)      \$ _____<br><br>Sales subject to sales tax (07-08)      \$ _____<br><br>Difference (Increase)                      \$ _____<br><br><input type="checkbox"/> Proof of payment<br>✓ Canceled check(s) – front and back                                       | Office Use Only |
|       | <input type="checkbox"/> <b>Real Property Tax/Ad Valorem Tax</b><br><br>Please provide the following information and documentation:<br><br><input type="checkbox"/> Proof of new or increased property taxes attributable to improvements made to eligible business property – <b>please provide copies of Property Tax Statement(s) –</b><br><br>Assess value previous year (06-07)      \$ _____<br><br>Assessed value current year (07-08)      \$ _____<br><br>Difference (Increase)                      \$ _____<br><br><input type="checkbox"/> Proof of payment<br>✓ Canceled check(s) – front and back | Office Use Only |

The undersigned declares, under penalty of perjury, as defined in California law, that the above information is true and correct.

\_\_\_\_\_  
Authorized signature and title

Send completed form(s) to: **Economic Development Department**  
**Attn: MRZ Manager**  
**2600 Fresno Street, Room 3076**  
**Fresno, CA 93721**